

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10301a

FILED APR 15 1953
BIRTH NO. 22825 REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 3028 Registrar's No. 4991

0493
0

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

| | | | |
|--|------------------------|---|---|
| 1. PLACE OF DEATH a. COUNTY Jasper | | 2. USUAL RESIDENCE (Where deceased lived if institution; location before admission) a. STATE Missouri b. COUNTY Jasper | |
| b. CITY OR TOWN Carthage | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN rural—Madison Township | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION McCune-Brooks Hospital | | d. STREET ADDRESS (If rural, give location) Carthage Route 3 | |
| 3. NAME OF DECEASED (Type or Print) a. (First) ROBERT b. (Middle) WAYNE c. (Last) HENRY | | 4. DATE OF DEATH (Month) (Day) (Year) April 2, 1953 | |
| 5. SEX 0 male | 6. COLOR OR RACE white | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married | 8. DATE OF BIRTH April 1, 1953 |
| 9. AGE (In years last birthday) 0 | | 10. MONTHS 0 | 11. DAYS 0 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) infant | | 10b. KIND OF BUSINESS OR INDUSTRY --- | 12. CITIZEN OF WHAT COUNTRY? USA |
| 13a. FATHER'S NAME Brice Henry | | 13b. MOTHER'S MAIDEN NAME Nova Mae Faucett | 14. NAME OF HUSBAND OR WIFE none |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no | | 16. SOCIAL SECURITY NO. none | 17. INFORMANT'S SIGNATURE OR NAME Brice Henry, Rt 3, Carthage, Mo ADDRESS |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | MEDICAL CERTIFICATION | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Premature birth | | INTERVAL BETWEEN ONSET AND DEATH | |
| ANTECEDENT CAUSES | | DUE TO (b) Asphyxia—Atelectasis 20hrs | |
| Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | DUE TO (c) | |
| II. OTHER SIGNIFICANT CONDITIONS | | Conditions contributing to the death but not related to the disease or condition causing death. | |
| 19a. DATE OF OPERATION none | | 19b. MAJOR FINDINGS OF OPERATION 7625 | |
| 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | | 21b. PLACE OF INJURY (a.g., in or about home, farm, factory, street, office bldg., etc.) | |
| 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | |
| 21f. HOW DID INJURY OCCUR? | | | |
| 22. I hereby certify that I attended the deceased from <u>Apr 1, 1953</u> , to <u>Apr 2, 1953</u> , that I last saw the deceased alive on <u>Apr 1, 1953</u> and that death occurred at <u>3:40am.</u> , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE (Degree or title) <u>George H. Wood MD</u> | | 23b. ADDRESS Carthage, Mo | |
| 23c. DATE SIGNED 4-2-53 | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) burial | | 24b. DATE 4-3-1953 | |
| 24c. NAME OF CEMETERY OR CREMATORY Dudman Cemetery | | 24d. LOCATION (City, town, or county) (State) Rte 3, Carthage, Mo | |
| DATE REC'D BY LOCAL REG. 4-3-53 | | REGISTRAR'S SIGNATURE <u>John Blunt MD</u> | |
| 25. FUNERAL DIRECTOR'S SIGNATURE Kneil Mortuary, Carthage, Mo | | ADDRESS | |

RECEIVED 4-13-53
Jasper County Health Office

County File Number 53/4/319
Date Filed 4-14-53

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Robert H. Knell

Licensed Embalmer No. _____

4459

P. O. Address _____

Carthage

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.